The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.

At a time when lesbian, gay, bisexual, and transgender (LGBT) individuals are an increasingly open, acknowledged, and visible part of society, clinicians and researchers are faced with incomplete information about the health status of this community. Although a modest body of knowledge on LGBT health has been developed over the last two decades, much remains to be explored. What is currently known about LGBT health? Where do gaps in the research in this area exist? What are the priorities for a research agenda to address these gaps? This report aims to answer these questions.

The phrase "lesbian, gay, bisexual, and transgender community" (or "LGBT community") refers to a broad coalition of groups that are diverse with respect to gender, sexual orientation, race/ethnicity, and socioeconomic status. Thus while this report focuses on the community that is encapsulated by the acronym LGBT, the committee wishes to highlight the importance of recognizing that the various populations represented by "L," "G," "B," and "T" are distinct groups, each with its own special health-related concerns and needs. The committee believes it is essential to emphasize these differences at the outset of this report because in some contemporary scientific discourse, and in the popular media, these groups are routinely treated as a single population under umbrella terms such as LGBT. At the same time, as discussed further below, these groups have many experiences in common, key among them being the experience of stigmatization. (Differences *within* each of these groups related to, for example, race, ethnicity, socioeconomic status, geographic location, and age also are addressed.

- **Age cohort**—One's age influences one's experiences and needs. Bisexual adolescents who are wrestling with coming out in a nonsupportive environment have different health needs than gay adult men who lack access to health insurance or older lesbians who are unable to find appropriate grief counseling services. In addition, development does not follow the same course for people of all ages. An older adult who comes out as gay in his 50s may not experience the developmental process in the same fashion as a self-identified "queer" youth who comes out during her teenage years. Similarly, as discussed further below, experiences across the life course differ according to the time period in which individuals are born. For example, an adolescent

coming out in 2010 would do so in a different environment than an adolescent coming out in the 1960s. Moreover, some people experience changes in their sexual attractions and relationships over the course of their life. Some transgender people, for example, are visibly gender role nonconforming in childhood and come out at an early age, whereas others are able to conform and may not come out until much later in life.

- **Race and ethnicity**—Concepts of community, traditional roles, religiosity, and cultural influences associated with race and ethnicity shape an LGBT individual's experiences. The racial and ethnic communities to which one belongs affect self-identification, the process of coming out, available support, the extent to which one identifies with the LGBT community, affirmation of gender-variant expression, and other factors that ultimately influence health outcomes. Members of racial and ethnic minority groups may have profoundly different experiences than non-Hispanic white LGBT individuals.
- **Educational level and socioeconomic status**—An LGBT individual's experience in society varies depending on his or her educational level and socioeconomic status. As higher educational levels tend to be associated with higher income levels, members of the community who are more educated may live in better neighborhoods with better access to health care and the ability to lead healthier lives because of safe walking spaces and grocery stores that stock fresh fruits and vegetables (although, evidence indicates that some LGBT people face economic discrimination regardless of their educational level). On the other hand, members of the LGBT community who do not finish school or who live in poorer neighborhoods may experience more barriers in access to care and more negative health outcomes.
- **Geographic location**—Geographic location has significant effects on mental and physical health outcomes for LGBT individuals. Those in rural areas or areas with fewer LGBT people may feel less comfortable coming out, have less support from families and friends, and lack access to an LGBT community. LGBT individuals in rural areas may have less access to providers who are comfortable with or knowledgeable about the treatment of LGBT patients.

Conceptual Frameworks

First, recognizing that there are a number of ways to present the information contained in this report, the committee found it helpful to apply a **life-course perspective.** A life-course perspective provides a useful framework for the above-noted varying health needs and experiences of an LGBT individual over the course of his or her life. Central to a life-course framework (Cohler and Hammack, 2007; Elder, 1998) is the notion that the experiences of individuals at every stage of their life inform subsequent experiences, as individuals are constantly revisiting issues encountered at earlier points in the life course. This interrelationship among experiences starts before birth and in fact, before conception.

Along with a life-course framework, the committee drew on the **minority stress model** (Brooks, 1981; Meyer, 1995, 2003a). While this model was originally developed by Brooks (1981) for lesbians, Meyer (1995) expanded it to include gay men and subsequently applied it to lesbians, gay men, and bisexuals (Meyer, 2003b). This model originates in the premise that sexual minorities, like other minority groups, experience chronic stress arising from their stigmatization. Within the context of an individual's environmental circumstances, Meyer conceptualizes distal and proximal stress processes. A distal process is an objective stressor that does not depend on an individual's perspective. In this model, *actual experiences of discrimination and violence* (also referred to as *enacted stigma*) are distal stress processes. Proximal, or subjective, stress processes depend on an individual's perception. They include *internalized homophobia* (a term referring to an individual's self-directed stigma, reflecting the adoption of society's negative attitudes about homosexuality and the application of them to oneself), *perceived stigma* (which relates to the expectation that one will be rejected and discriminated against and leads to a state of continuous vigilance that can require considerable energy to maintain; it is also referred to as *felt stigma*), and *concealment of one's sexual orientation or transgender identity*. Related to this taxonomy is the categorization of minority stress processes as both external (enacted stigma) and internal (felt stigma, self-stigma) (Herek, 2009; Scambler and Hopkins, 1986).

Intersectionality encompasses a set of foundational claims and organizing principles for understanding social inequality and its relationship to individuals' marginalized status based on such dimensions as race, ethnicity,

and social class (Dill and Zambrana, 2009; Weber, 2010). These include the following:

- Race is a social construct. The lived experiences of racial/ethnic groups can be understood only in the context of institutionalized patterns of unequal control over the distribution of a society's valued goods and resources.
- Understanding the racial and ethnic experiences of sexual- and gender-minority individuals requires taking into account the full range of historical and social experiences both within and between sexual- and gender-minority groups with respect to class, gender, race, ethnicity, and geographical location.
- The economic and social positioning of groups within society is associated with institutional practices and policies that contribute to unequal treatment.
- The importance of representation—the ways social groups and individuals are viewed and depicted in the society at large and the expectations associated with these depictions—must be acknowledged. These representations are integrally linked to social, structural, political, historical, and geographic factors.

Finally, the **social ecology model** (McLeroy et al., 1988) draws on earlier work by Bronfenbrenner (1979), which recognizes that influences on individuals can be much broader than the immediate environment. This viewpoint is reflected in Healthy People 2020. In developing objectives to improve the health of all Americans, including LGBT individuals, Healthy People 2020 used an ecological approach that focused on both individual- and population-level determinants of health (HHS, 2000, 2011). With respect to LGBT health in particular, the social ecology model is helpful in conceptualizing that behavior both affects the social environment and, in turn, is affected by it.

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